



DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
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DASG-PPM-NC

20 October 2008

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Cold Weather Related Injury Prevention Program, 2008-2009

1. Cold weather related injury prevention is a command and leadership responsibility. Medical advisors to commanders are responsible for providing guidance to prevent cold weather related injury among our Soldiers, DA civilians and contractors in training, garrison, and deployments. Cold weather related injuries include: (1) injury due to decreased temperature (hypothermia, frostbite, nonfreezing cold injury), (2) injury due to heaters, (3) carbon monoxide poisoning, and (4) accidents due to impaired physical and mental function resulting from cold stress.

2. Over the last ten years, more than 3,700 cold weather injuries were reported among Soldiers, including 1,594 frostbite cases. Since the body is unable to acclimatize to cold weather, leaders must ensure Soldiers adequately protect themselves from the dangers of excessive exposure by using the appropriate clothing. Inexperienced Soldiers must receive proper training on the use of cold-weather equipment (e.g. cold weather boots). Strong emphasis should be placed on the use of the buddy system and Soldiers must observe one another for the signs and symptoms of cold injury.

3. Technical Bulletin Medical 508 (TB MED 508), Prevention and Management of Cold Weather Injuries, provides detailed guidance to healthcare providers, unit commanders, and leaders on preventing cold weather injuries. A variety of cold weather injury prevention products is available at <http://chppm-www.apgea.army.mil/coldinjury/>.

4. Our points of contact are COL Robert Mott, Office of The Surgeon General, DSN 761-3160, Commercial (703) 681-3160, or e-mail [Robert.L.Mott@amedd.army.mil](mailto:Robert.L.Mott@amedd.army.mil) and Mr. Paul Repaci, Office of The Surgeon General, DSN 761-2949, Commercial (703) 681-2949, or e-mail [Paul.Repaci@amedd.army.mil](mailto:Paul.Repaci@amedd.army.mil).

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DASG-PPM

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## Commanders, Leaders, and Medical Advisors Information Sheet 2008-2009 Cold Weather Related Injury Prevention Program

1. Commanders, leaders and medical advisors should use TB MED 508, Prevention and Management of Cold-Weather Injuries (CWIs)<sup>1</sup>, to develop their cold weather injury prevention program. This technical bulletin provides guidance on all aspects of cold weather injury prevention. Commanders must ensure that CWIs are reported through safety channels IAW AR 385-10, chapter 3, Accident Investigation and Reporting.
2. Cold weather related injuries include: (1) injury due to decreased temperature, (hypothermia, frostbite, nonfreezing cold injury), (2) injury due to heaters, (3) carbon monoxide poisoning, and (4) accidents due to impaired physical and mental function resulting from cold stress. Leaders must ensure that Soldiers receive adequate food, water, rest, and training on wearing the appropriate cold weather clothing<sup>2</sup>, and avoid the use of alcohol and tobacco to prevent CWIs<sup>3</sup>. Soldiers need to use the buddy system to monitor performance and health and report to the unit medic/medical officer any signs or symptoms of CWIs. Soldiers should not sleep in vehicles that are running due to risk of carbon monoxide poisoning.
3. Commanders should only allow the use of US Army-approved vented heaters due to hazards from fire and carbon monoxide poisoning. In 2003, the Army approved a Family of Space Heaters (FOSH) for heating tents safely, and efficiently. Replacing the World War II-vintage M-1941 potbelly and M-1950 Yukon heaters, these approved heaters use the latest advances in combustion, power generation, and microprocessor technology. A US Army Center for Health Promotion and Preventive Medicine (CHPPM) fact sheet provides guidance on use of heaters inside tents and other enclosures<sup>4,5</sup>. Knowledge, the official safety magazine for the US Army published by the US Army Combat Readiness/Safety Center, provides information on cold weather related injury.
4. Preventive Medicine (PM) personnel are required to electronically report all cases of CWI to the Armed Forces Health Surveillance Center Activity<sup>6</sup> (AFHSC) using the Reportable Medical Events System (RMES) within 48 hours IAW AR 40-5 para. 2-18.d. Official definitions of cold weather injuries are contained in the TRI-SERVICES Reportable Events Guidelines and Case Definitions booklet<sup>7</sup>. PM personnel should coordinate with appropriate safety officers to ensure CWI data is also reported through Army Safety channels.
5. The CHPPM in collaboration with the US Army Research Institute of Environmental Medicine provides a variety of cold weather injury prevention products (including posters, presentations, policies, regulations, and technical bulletins) at the following website:  
<http://chppm-www.apgea.army.mil/coldinjury/>.

<sup>1</sup> <http://chppm-www.apgea.army.mil/coldinjury/tbmed508.pdf>

<sup>2</sup> [http://usachppm.apgea.army.mil/Documents/FACT/36-012-1106-Wearing\\_Combat\\_Boots-Cold\\_Weather.pdf](http://usachppm.apgea.army.mil/Documents/FACT/36-012-1106-Wearing_Combat_Boots-Cold_Weather.pdf)

<sup>3</sup> <http://www.tradoc.army.mil/surgeon/Pdf/Cold%20Risk%20Manual.pdf>

<sup>4</sup> <http://chppm-www.apgea.army.mil/documents/fac/heaters-JusttheFacts05finalw-links.pdf>

<sup>5</sup> <http://chppm-www.apgea.army.mil/documents/FACT/65-040-0503.pdf> and

<http://chppm-www.apgea.army.mil/documents/FACT/65-045-0503.pdf>

<sup>6</sup> <http://afhsc.army.mil>

<sup>7</sup> [http://www.afhsc.mil/documents/DoD\\_PDFs/May04TriServREGuide.pdf](http://www.afhsc.mil/documents/DoD_PDFs/May04TriServREGuide.pdf)

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